



THE STATE

of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing

CHI

FOR DIVISION USE ONLY

Alaska Board of Chiropractic Examiners
P.O. Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
E-mail: BoardofChiropracticExaminers@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov/BoardofChiropracticExaminers

CHIROPRACTIC COURTESY LICENSE APPLICATION

FEES DUE WITH THIS APPLICATION:

\$250.00 application fee (non-refundable)

\$150.00 courtesy license

Make checks payable to the State of Alaska, or use the attached credit card payment form.

I HEREBY MAKE APPLICATION for a courtesy license to practice as a Chiropractic Physician in the State of Alaska for a special event only:

Athletic Cultural Performing Arts

Name: First M.I. Last Maiden or other name

Address: Street or P.O. Box City State Zip Code

Telephone: E-mail:

Alaska Resident? Yes No U.S. Citizen? Yes No Social Security Number: (Required by AS 08.01.060)

Have you ever been known by any other name? Yes No Other Name

Date of Birth:

Date(s) of special event: Title of event: Scope of practice for event (duties):

CHARACTER REFERENCES

List six character references, three of which are professional references.

Table with 3 columns: FULL NAME, COMPLETE ADDRESS AND ZIP CODE, RELATIONSHIP. Rows 1-6.

CHIROPRACTIC HISTORY

PRACTICE

Include temporary or part-time work. Describe each employment or period of practice, the period during which you were employed as a chiropractor (or engaged in private practice) including dates, the address of the offices or places where you were so employed or engaged, and the names and addresses of all employers, partners, associates, or places where you practiced chiropractic, if any, and the reason for the termination of each employment or period of private practice.

Start	End	Employer/Associates and Work/Clinic Address	Status	Reason for Leaving
			Full Part	
			Full Part	
			Full Part	
			Full Part	
			Full Part	
			Full Part	

Are you presently engaged in the practice of chiropractic? Yes No

If "Yes", indicate location of work/clinic: _____
Street City State Country ZIP

Number of years at the above location: _____

OTHER STATE LICENSES

To qualify for a courtesy license, the applicant must have held a license in good standing to practice chiropractic in another jurisdiction for the five years preceding the date of application.

List all licenses for the practice of chiropractic that you now hold or ever have held:

JURISDICTION	LICENSED BY (exam, reciprocity, etc.)	LICENSE NO.	DATE OF ISSUANCE	EXPIRATION DATE

DISCIPLINARY / INVESTIGATION / PRACTICE QUESTIONS

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Do you have criminal charges pending against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there any unsatisfied judgments against you resulting from the practice of chiropractic? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you aware of any investigations against you, in any state, jurisdiction, or foreign country?..... | <input type="checkbox"/> | <input type="checkbox"/> |

Have you ever:

- | | | |
|---|--------------------------|--------------------------|
| 4. practiced chiropractic illegally? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. secured or attempted to secure a license through deceit, fraud, or intentional misrepresentation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. advertised professional services in a false or misleading manner? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. been convicted, including a conviction based on a guilty plea or plea of nolo contendere, of a felony or misdemeanor (other than a minor traffic violation)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. been convicted, including a conviction based on a guilty plea or plea of nolo contendere, of a crime involving the unlawful procurement, sale, prescription, or dispensing of drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. intentionally or negligently engaged in or permitted the performance of patient care by persons under your supervision that does not conform to minimum professional standards (regardless of whether actual injury to the patient occurred)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. failed to comply with a board order? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. continued or attempted to practice after becoming unfit due to professional incompetence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. engaged in lewd or immoral conduct in connection with the delivery of professional services to patients? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. failed to satisfy board-adopted continuing education requirements? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. had any malpractice settlements or judgments paid on your behalf? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. had your chiropractic license denied, revoked, suspended, surrendered, placed on probation, recalled, cancelled, or been the subject of any restriction, censure, reprimanded, or other disciplinary action in any jurisdiction or foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |

PERSONAL HISTORY QUESTIONS:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 17. Are you now, or within the last five years have you been addicted to, or have you undergone treatment for the use of narcotics or drugs or excessive use of intoxicating liquors?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Are you now experiencing, or have you within the last five years experienced a physical or mental disability? | <input type="checkbox"/> | <input type="checkbox"/> |

Within in the last five years have you:

- | | | |
|--|--------------------------|--------------------------|
| 19. been adjudicated an incompetent or an insane person by any court? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. been a patient in any sanitarium, hospital, or mental institution for mental illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. continued or attempted to practice after becoming unfit due to addiction or severe dependency on alcohol or a drug that impairs your ability to practice safely? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. continued or attempted to practice after becoming unfit due to physical or mental disability? | <input type="checkbox"/> | <input type="checkbox"/> |

A "Yes" answer may not prejudice your application, failure to report honestly may.

If you answered "Yes" to any of the above questions (1 – 22), please explain dates, locations and circumstances on a separate piece of paper. Also, submit any/all supporting documents that are applicable (court records, board actions, investigation notices etc.).

If you answered "yes" to questions 17 – 22 you must also submit a statement from your health care provider indicating your ability to practice the chiropractic profession.

**Written statement(s) is/are attached to this application
Supporting document(s), is/are included or en route
Not applicable**

_____, being first duly sworn upon his/her oath, deposes and says:
(Applicant Name)

I make the following voluntary statement and no threats, promises, or any form of duress have been used to induce me to make this statement.

By my signature below, I declare that all facts, statements, and answers contained in this application are true and correct; I am not omitting any information that might be of value to this board in determining my qualifications and character, whether it is called for or not; and I agree that any falsification, omission, or withholding of information or facts concerning my qualifications as an applicant shall be sufficient to bar issuance of a license to me by the state board and such falsifications, omissions, or withholding shall serve as sufficient grounds for the suspension, cancellation, or revocation of my Alaska Chiropractic Courtesy License even though it is not discovered until after issuance.

I give permission to the Alaska Board of Chiropractic Examiners to secure additional information concerning me or any statement in this application from any person or any source the board may desire. I further agree to submit to questioning by the board or any member thereof, and to substantiate any statements if desired by the board.

I solemnly declare upon my honor that if granted a license to practice chiropractic in Alaska, I will respectfully comply with any law governing the practice of chiropractic in this state, and will do my best to uphold and maintain the ethics of the profession.

CONFIDENTIALITY

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

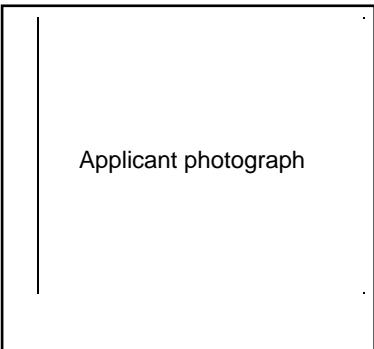
WARNING: Pursuant to AS 08.20.170, the board may refuse to issue a license to, or impose a disciplinary sanction on, a person who has obtained or attempted to obtain a license to practice as a chiropractor by fraud, deceit or intentional misrepresentation. The person may also be subject to criminal charges for perjury (AS 11.56.200).

I certify that the above information is true and correct.

Applicant Signature

Date

SUBSCRIBED AND SWORN to before me, a Notary Public, in and for the State of _____ this _____ day
of _____, 20_____.



Applicant must sign across photograph.

Notary Public Signature

My Commission Expires: _____

NOTARY SEAL

**ALASKA STATE BOARD OF CHIROPRACTIC EXAMINERS
AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION
AND LICENSURE INFORMATION**

This form is essential to the application you are filing with this board. Before your application can be considered for approval, the information requested below must be officially verified by the chiropractic board(s) in **ALL** states or jurisdictions where you hold or have ever held a license. Please complete the information requested and forward it to the state(s) or jurisdiction(s) in which you hold or have ever held a license to practice. You are advised to check with that state or jurisdiction before forwarding this form to determine if there are additional requirements to be met or fees due before the information will be released.

PART I

TO BE COMPLETED BY THE *APPLICANT*:

_____ Last Name First Name Middle Name Maiden Name

_____ Mailing Address

_____ City State Zip Code

Date of Birth: ____/____/____ **License #:** _____

I hereby request and authorize _____ to provide any and all pertinent information requested in this form to the Alaska Board of Chiropractic Examiners to complete an application filed with that agency.

_____ Signature Date Signed

PART II – NOT TO BE COMPLETED BY THE APPLICANT

The above applicant is applying for licensure in this state. Please complete the following and **return directly to the Alaska State Board of Chiropractic Examiners.**

State Licensing Agency: _____

Name of Licensee: _____ **License #:** _____

Graduate of: _____ **Licensed by:** Reciprocity/Credentials Exam

License Status: Current Lapsed **Initial Issue Date:** ____/____/____ **Expiration Date:** ____/____/____

License is in good standing?: Yes No

If License is lapsed/expired, please explain why (i.e.: failure to pay renewal fee, etc.): _____

State Jurisprudence Examination Given? Yes No **Date of Exam:** ____/____/____

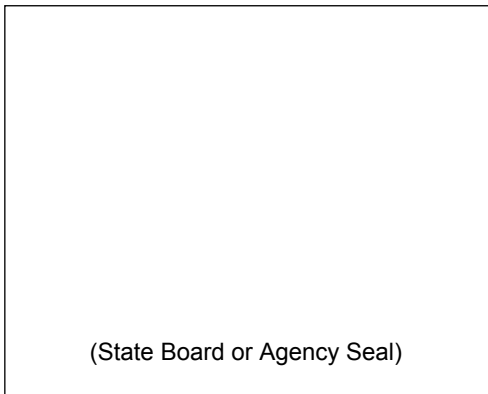
Written:	Adjustive Technique	Principles and Practice	Yes	No	Pass?	Yes	No
	Ethics		Yes	No	Pass?	Yes	No
	Ortho-Neuro		Yes	No	Pass?	Yes	No
	Physiotherapy		Yes	No	Pass?	Yes	No
	X-Ray Interpretation and Technique		Yes	No	Pass?	Yes	No

Other Subject Areas Tested:	Practical/Oral/Written:	Pass?	Yes	No
_____	_____	Pass?	Yes	No
_____	_____	Pass?	Yes	No
_____	_____	Pass?	Yes	No

Has the applicant's license ever been suspended or revoked? Yes No If "Yes", explain:

Has the applicant been subject to any other disciplinary action(s) (e.g., letter of warning)? Yes No

Please provide any information you believe is relevant to the applicant's qualifications and fitness to practice chiropractic.



Signed: _____

Printed Name: _____

Title: _____

State Board/Agency: _____

Date: _____

Please return this form directly to:

Alaska Board of Chiropractic Examiners
Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
P.O. Box 110806
Juneau, AK 99811-0806

WARNING: Pursuant to AS 08.20.170, the board may refuse to issue license to, or impose a disciplinary sanction on, a person who has obtained or attempted to obtain a license to practice as a chiropractor by fraud, deceit or intentional misrepresentation. The person may also be subject to criminal charges for perjury (AS 11.56.200).

THIS FORM MUST BE COMPLETED AND RETURNED WITH THE APPLICATION

Alaska Board of Chiropractic Examiners
State Office Building, 333 Willoughby Avenue, 9th Floor
P.O. Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
E-mail: *BoardofChiropracticExaminers@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/BoardofChiropracticExaminers*

AUTHORIZATION AND RELEASE

TO WHOM IT MAY CONCERN:

I, _____, residing at
(Please print full name)

_____, hereby authorize the
(Please print full address)

Division of Occupational Licensing and its investigators to examine my medical and dental records, employment and education records including all training which pertains to my practice of chiropractic, and any records pertaining to litigation, judgments, suits, and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Division of Occupational Licensing and its investigators. This release also applies to all records that pertain to credentialing records at facilities at which I have applied for or held privileges to practice chiropractic.

I authorize the Division to discuss my records with persons or organizations that are considered appropriate by the Division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the Division.

This release also applies to any documents or records which contain information pertaining to psychiatric, psychological, drug, or alcohol evaluation, counseling, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment, including all information previously identified, collected, or stored under the authority of any state or federal law.

I request that upon presentation of this release, or a certified true copy thereof, that you provide copies of those records to the Division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization expires one (1) year from the date of my signature below.

Signature of Applicant

Date

Home Telephone Number

Work Telephone Number

SUBSCRIBED AND SWORN to before me, a Notary Public, in and for the State of _____

this _____ day of _____, 20_____.

NOTARY SEAL

Notary Public Signature

My Commissioner Expires: _____

NOTE: A photocopy reproduction of this request shall be, for all intents and purposes, as valid as the original.